

Introduction

Tennessee's SNAP E&T Program sees a future where SNAP recipients obtain marketable and indemand skills that result in stable employment or entrepreneurship opportunities. To that end, this program will seek to provide SNAP recipients with job-driven training, tools and access to career pathways that lead to family and individual supporting and sustainable jobs.

In Department of Labor and Workforce Development's (DLWD) effort to realize this vision, we are in the process of strategically growing our SNAP Employment & Training (E&T) Third Party Partnership Program. We are interested in learning more about your employment and training services and programs. This assessment is designed:

- 1) to assess the workforce training and support services currently available in your area and;
- 2) to better understand the organizations providing those services.

DLWD will evaluate the results from this assessment to choose our SNAP E&T third party partners that will provide Tennessee's SNAP residents (who are not on TANF) with workforce development and supportive services. Over time, we will continue adding more partners as we grow capacity to manage the program.

The information you provide here is confidential and will only be shared with the leadership at the DLWD and our technical assistance partners.

We strongly recommend that you begin by reviewing the full PDF version of this assessment sent to you by e-mail. Some questions may require you to consult with other colleagues.

If you have any questions about this assessment, please contact our SNAP E&T email address: SNAP.ET@tn.gov.

Thank you for your interest and participation!

Organization Type

Please offer some general information about your organization and provide the name and information of the person we should contact to follow-up on your survey responses, as necessary.

* 1. Organization Name
* 2. Organization Type. Please select all that apply.
Provider of Job Readiness Training
Provider of Occupational Skills
Training Community College
Provider of wrap-around supportive services for education and training participants
Provider of workforce training and wrap-around supportive services
Other (please specify)
* 3. Name of Organization Contact
* 4. Title of Organization Contact
* 5. E-mail Address of Organization Contact
* 6. Phone Number of Organization Contact

Services and Training Provided

The following questions are designed to help us better understand your service model. This includes the customers you serve, the variety of services you provide, how services are integrated, and the partners you collaborate with.

7. What are your formal processes for assessing customers' skills, strengths, educational background,				
and supportive services needed prior to the start of training and/or education?				
Not applicable				
Interview				
Questionnaire				
Written test				
Group activity				
Other strategies (please describe):				

* 8. Does your organization provide any of the following educational and training services? Please select all that apply.

	Directly Provide	Contract Out	Refer Out
Basic education (ESL, literacy, basic math)			
Vocational education			
Training in global/workplace skills (soft skills)			
Pre-apprenticeship programs			
Internships			
Post-secondary education/non-degree			
Post-secondary education/degree			
Industryrecognized certificates/credentials			
Entrepreneurship			
Access to labor market information			
Job search assistance			
Job placement assistance			
Job retention services (e.g., coaching)			
Not applicable (N/A)			
Other (please specify):	_		

* 9. Does your organization provide any of the following supportive services for your customers? Please select all that apply.

	Directly Provide	Contract Out	Refer Out
Career counseling/navigation			
Transportation assistance			
Child care assistance			
Housing assistance (including transitional housing)			
Mental health services			
Substance abuse services			
Assistance with training or pre-employment costs			
Health care assistance			
Case management			
Legalassistance			
Financial literacy/management			
Parentingassistance			
Other (please specify):			

* 10. Does your organization offer non-degree, industry recognized credentials or certificates in any of
the following areas? Please select all that apply.
Not applicable
GED
ESL
Healthcare
Culinary
Manufacturing
Construction
Office Occupations
Information Technology
Logistics/Transportation
Customer Service Customer Service
Other (please specify):
* 11. Of the population served by your organization, how many are in low-income households (200%
below federal poverty level)? Please estimate.
0-25%
26-50%
51-75%
76-100%

Tracking Data

SNAP E&T programs require multiple organizations to collaborate and share defined data sets about the customers they are collectively serving. It is also critical to quantify the impact and outcomes of these programs. In the interest of these two objectives, we want to better understand the data that you already collect about your customers.

* 12. Does your organization's database track the following information about your customers' socioeconomic, parental and background status?				
Income level				
Eligibility for or receipt of SNAP				
Eligibility for or receipt of TANF				
Eligibility for or receipt of Medical				
Assistance Criminal background status				
Child Support Owed				
Pre-employment status and wages				
Parental status				
Parental custodial or noncustodial status				
Other (please specify)				

program participation and outcome data?
Program participation (attendance, adequate progress, completion)
Support services provided
Job placement (type, industry)
Wages
Job with Medical
Benefits Job Retention
Measurable gain in skills
Non-degree academic achievement (college credits, credentials, certificates)
Not applicable
Other (please specify):
* 14. Is your organization able to add fields and design custom reports in your customer database?
Yes
No
Not sure

Tracking and Allocating Costs

Tennessee is moving its SNAP E&T program to a 50-50 program model. Organizations must be able to "front" services for low income individuals on SNAP with non-federal funding sources (i.e. state, local, community based organizations, community colleges, foundations, social enterprise dollars). Further, non-federal funds must meet all 3 of the following criteria:

- 1) Non- federal funds;
- 2) Not committed as match for other federally funded programs; and
- 3) Available throughout the federal fiscal year (October 1 through September 30).

Once services have been rendered to eligible individuals on SNAP, organizations invoice for their allowable SNAP E&T expenses. Upon review and approval of the invoice, organizations will be reimbursed for 50% of the invoice amount. This reimbursement will be new money for organizations to expand and sustain programs, hopefully for SNAP E&T recipients.

This model requires significant knowledge about cost allocation methodology and close monitoring of funds. Therefore, we want to better understand your organization's experience in tracking and allocating costs for a program that has multiple funding streams with restrictions - allowable and non-allowable costs.

Please note that the information provided here is confidential.

15. Does your organisfunding streams?	zation have experience	with allocating expenses for programs with multiple Not Applicable
16. How much exper	-	zation have in allocating expenses for programs with
Level of Experience:	Extensive (over Moderate (3-4 Limited (1-2 s	4 streams)
* 17. How many grant	s has your organization	received in the last 3 fiscal years?
0		
1-5		
6-10		
11-20		
20+		



* 18. Please describe a federal or state grant that your organ	nization managed exceptionally well.
* 19. Does your organization already allocate costs to other	federal, state, or local grants?
Yes	
☐ No	
Not sure	
* 20. Has your organization calculated the cost per person fo	or your training programs?
Yes	
No	
Not sure	
* 21. If your organization has calculated a cost per person, w	hat is it?

Partnerships

Because SNAP E&T requires a collaborative service model, we want to identify the partnerships that are already in place in your area.

¹ 22. Has your organization established education, training, employment and support services
partnerships with any of the following organizations? Please check all that apply.
Local Department of Social Service
CommunityCollege
Colleges and universities
Community-based providers of workforce training
Providers of wrap-around supportive services
Local Workforce Investment Board (WIB)
Trade Unions
Industry Associations
Apprenticeship programs
Other Other
Other Comments:

^ 23.	How does your agency ide	entity local labor	market needs? Please select all tr	iat apply:
	Advisory council of business lea	ders		
	Partnerships with large organiza	ations in specific indu	ustries (e.g., hospital, airport, manufactur	er)
	Partnerships with small and mir	nority business orgar	nizations	
	Research and analysis of local la	bor market data		
	Research and analysis of U.S. De	epartment of Labor (USDOL) Labor market information	
	Partnership with your local Wor	kforce Investment Bo	pard	
	Partnerships with Trade Unions			
	Partnerships with industry trade	groups/associations	5	
	Not applicable			
	Other (please specify):			
* 24.	. What are your primary inc	dustry sectors?		
	Healthcare			
	Manufacturing			
	Culinary			
	Hospitality			
	Construction			
	InformationTechnology			
	Transportation and Logistics			
	Office Occupations			
Ot	ther (please specify):			
* 25.	. How would you rate your	typical level of e	mployer engagement?	
		(Provide mock	Level 3 (Participate in presentations,	Level 4 (Provides advice on
р			ultiple hires, job shadowing, mentoring,	program development, advisor council meetings, in-kind/
	critique,	hired once)	employer panels)	fiscal support
Oth	her (please specify):			

Yes No Hire graduates (more than one time) Host internships/externships Conduct mock interviews Serve as mentors/coaches Provide industry tours Serve on advisory boards Provide linkages to other employer partners Participate in on-going program design/continuous improvement Contribute financially to program Contribute In-kind donations Other (please specify): * 27. Please share a sampling of your successful business partnerships:

* 26. Please share how employers contribute to your programming:

	Yes	No
Serve on advisory board(s)		
Give back through mentorship, coaching, recruitment outreach		
Provide ongoing program participant feedback		
Other (please specify):		

* 28. Please rate your organization's program participant involvement with program design and feedback.

Outcomes

Sources of Non-Federal Funding

Many SNAP E&T programs are funded through a 50/50 federal match. The 50 percent may come from a state agency or from a 3rd party:

- State, county, or city funds
- Donations from private firms or non-profits
- Foundation funds
- Social venture funds
- In-kind donations (*government entities only)
- Community Development Block Grants (CDBG)
- State Need Grants
- State Worker Retraining Dollars
- State Opportunity Grants
- Tuition set-aside resources
- Other state training funds (ex-offender, homeless, non- custodial parents)

If a foundation, for example, is already funding a workforce development program that meets all of the criteria for SNAP E&T, its investment could be used as match to receive the 50% reimbursement from FNS. This reimbursement will expand the capacity of that program.

Please indicate whether your organization receives non-federal funds that are potentially available for a federal match. In addition, keep in mind that funding that originates from the federal government and is passed through a State or local entity cannot be used as match.

Please note that the information provided here is confidential.

,	st 30. Does your organization have funding useable for employment and training services that meet all st
	of following criteria: 1) Non-federal funds; 2) Not committed as match for other federally funded
	programs; and
	3) Available throughout the federal fiscal year (October 1 through September 30)?
	Yes
	□ No
	Not sure



* 31.	If "Yes" to the above question, what are those specific funding streams? Please check all that apply.
	Grants from foundations
	State grants
	Local grants
	Agency's general fund
	Social enterprise funds
	Other (please specify):
32.	Provide an estimate of the non-federal dollars that could be used for a potential SNAP E&T program.
* 33.	What do those non-federal funding streams pay for? Please select all that apply.
	Administrative costs
	Tuition or Program Fees
	Books and Supplies
	Case management
	Supportive services
	Other (please specify)
* 34.	Does your organization also run a foundation?
	Yes
	No
If ye	ss, please list the name

Thanks for completing this assessment tool! If you have any questions, please contact our SNAP E&T email address: SNAP.ET@tn.gov.